| | | | | d DWE | R PAGE - LONG FORM |
|--|---------------------------|--|-------------|---------------------|---|
| Recipient Committee Campaign Statement | | | ate Stame | 5 CA | ALIFORNIA 460 |
| (Government Code Sections 84200 - 84216.5) | | Date of Election if applicable: (Month, Day, Year) 11/07/2006 | 27 200 | O TER | 1 of3 |
| | Statement covers period | Date of Election if applicable: | AROF | DEPL | For Official Use Only |
| | from <u>06/17/2006</u> | (Month, Day, Year) | non | 2 | |
| | through <u>06/30/2006</u> | 11/07/2006 B | | /) | |
| 1. Type of Recipient Committee: | | 2. Type of Statement: | | | |
| O Recall O Cor O Spo General Purpose Committee O Sponsored Primar | narily Formed | ☐ Pre-election Statement ■ Semi-annual Statement ☐ Termination Statement ☐ Amendment (Explain below) | | ☐ Special ☐ Supplen | y Statement Odd-Year Report nental Pre-election nt - Attach Form 495 |
| O Political Party/Central Committee | | | | | |
| 3. Committee Information | I.D. NUMBER 1241200 | Treasurer(s) | | | |
| COMMITTEE NAME | | NAME OF TREASURER | | | |
| Tom Daly 2006 | | Barrett Garcia | | | |
| | | STREET ADDRESS | | | |
| STREET ADDRESS (NO P.O. BOX) | | CITY | STATE - | ZIP CODE | I DE L'ASSE (OLISME |
| CITY STATE 7100 | ODE AREA CODEIRUONE | NAME OF ASSISTANT TREASURER, IF ANY | _ | . 190 | |
| STREET ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX | | - | | | |
| | | STREET ADDRESS | | | |
| CITY STATE ZIP C | ODE AREA CODE/PHONE | CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| OPTIONAL: FAX/E-MAIL ADDRESS | | | | | () |
| () / | | OPTIONAL: FAX/E-MAIL ADDRESS | | | |
| 4. Verification | | | | | |
| I have used all reasonable diligence in preparing and re is true and complete. I certify under penalty of perjury under penalty of penal | By By | the best of my knowledge the information alifornia that the foregoing is true and correspond to the signature of treasurer or assistant trees. | ect. | herein and in | the attached schedules |
| DATE | SIGNATURE OF CONTROLLING | G OFFICEHO DER, CANDIDATE, STATE MEASURE PROPO | NENT OR RES | PONSIBLE OFFICE | ER OF SPONSOR |
| Executed on | Bv | JRE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STA | | | |

Executed on ____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Recipient Committee Campaign Statement Cover Page - Part 2

| CALIFORNIA 460 | | | | | |
|----------------|------|---|--|--|--|
| Page | 2 of | 3 | | | |

| AME OF OFFICEHOLDER OF CANDIDATE | | NAME OF BALLOT MEASUR | = | | | | |
|--|---------------------------------------|---|---------------------|-----------------------|-----------------|--|--|
| om Daly | ER IF APPLICABLE | BALLOT NO. OR LETTER | JURISDICTION | | SUPPORT | | |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) | | | | OPPOSE | | | |
| OKANGE COUNTY CLERIC - RECORDER RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP CODE | | Identify the controlling officeholder, candidate, or state measure proponent, if any. | | | | | |
| | | NAME OF OFFICEHOLDER, | CANDIDATE OR, PROPO | NENT | | | |
| telated Committees Not Included in this Sta ot included in this consolidated statement that are con ormed to receive contributions or to make expenditures | trolled by you or which are primarily | OFFICE SOUGHT OR HELD | | DISTR | IICT NO. IF ANY | | |
| DMMITTEE NAME | I.D. NUMBER | 7. Primarily F | ormed Cor | mmittee | | | |
| AME OF TREASURER | CONTROLLED COMMITTEE? | NAME OF OFFICEHOLDER | OR CANDIDATE | OFFICE SOUGHT OR HELD | SUPPORT OPPOSE | | |
| DMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) | | NAME OF OFFICEHOLDER | OR CANDIDATE | OFFICE SOUGHT OR HELD | SUPPORT | | |
| | | | | | OPPOSE | | |
| TY STATE | ZIP CODE AREA CODE/PHONE | NAME OF OFFICEHOLDER | OR CANDIDATE | OFFICE SOUGHT OR HELD | | | |
| | ZIP CODE AREA CODE/PHONE I.D. NUMBER | NAME OF OFFICEHOLDER | | OFFICE SOUGHT OR HELD | SUPPORT | | |
| OMMITTEE NAME AME OF TREASURER | | | | | SUPPORT | | |

Campaign Disclosure Statement Summary Page

 Statement covers period
 CALIFORNIA 460

 from __06/17/2006
 Page___3 of __3

 through _06/30/2006
 Page___3 of __3

 NAME OF FILER
 Tom Daly
 Tom Daly
 2006

| | | | | | | 1241200 |
|--|-----------|---|-------------|--------------------------------------|-------------------------------|--|
| Contributions Received | (FRC | COLUMN A TOTAL THIS PERIOD DM ATTACHED SCHEDULES) | | COLUMN B CALENDAR YEAR TOTAL TO DATE | Running in Bo | r Summary for Candidates oth the State Primary and |
| 1. Monetary Contributions Schedule A, Line 3 | \$ | 0.00 | \$ _ | 13,374.00 | General Elect | ions |
| 2. Loans Received Schedule B, Line 7 | _ | 0.00 | _ | 0.00 | 00 0 | 1/1 through 6/30 7/1 to Date |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 | \$ | 0.00 | \$_ | 13,374.00 | 20. Contributions Received | s 13.37 ∜ 0 |
| 4. Non-monetary Contributions Schedule C, Line 3 | | 0.00 | _ | 0,00 | 21. Expenditures Made | \$ 2.56 9 0 |
| 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | \$ | 0.00 | \$ | 13,374.00 | | |
| Expenditures Made | | | | | I - | imit Summary for State |
| 6. Cash Payments Schedule E, Line 4 | \$ | 0.00 | \$ _ | 2,562.47 | Candidates | |
| 7. Loans Made Schedule H, Line 7 | | 0.00 | _ | 0.00 | | ulative Expenditure Made* oject to Voluntary Expenditure Limit) |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ | 0.00 | \$ | 2,562.47 | Date of Ele | ection . Total to Date |
| 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 | - | 0.00 | | 0.00 | (mm/dd/ | |
| 10. Nonmonetary Adjustment Schedule C, Line 3 | | 0.00 | _ | 0.00 | | |
| 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 | \$ | 0.00 | \$ _ | 2,562,47 | | |
| Current Cash Statement | | | | | | |
| 12. Beginning Cash Balance Previous Summary Page, Line 16 | \$ | 25,721.45 | | | | |
| 13. Cash Receipts Column A, Line 3 above | | 0.00 | | | | |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | | 0.00 | | | | |
| 15. Cash Payments Column A, Line 8 above | | 0.00 | l | | | · |
| 16. ENDING CASH BALAMQEnes 12 + 13 + 14, then subtract Line 15 | \$ | 25,721,45 | | | | |
| If this is a Termination Statement, Line 16 must be zero. | | | | | | |
| 17. LOAN GUARANTEES RECEIVED Schedule B, Part 1, Column (b) | \$ | 0.00 | | | | |
| Cash Equivalents and Outstanding Debts | | | 1 | | | |
| 18. Cash Equivalents | \$ | 0.00 | | | | |
| 19. Outstanding Debts Add Line 2 + Line 9 in Column C above | \$ | 0.00 | | | | |